

Formality Review Claims Count Sheet

Case No. _____

Date: ____/____/____

As Filed			As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1			41			81		1	121	1		161		
2			42			82		1	122	1		162		
3			43			83		1	123			163		
4			44			84		1	124			164		
5			45			85	1		125			165		
6			46			86		1	126	56		166		
7			47			87		1	127			167		
8			48			88		1	128			168		
9	1-51		49			89		1	129			169		
10	cancel.		50			90		1	130			170		
11			51			91	1		131			171		
12			52	1		92		1	132			172		
13			53		1	93		1	133			173		
14			54			94		1	134			174		
15			55			95		1	135			175		
16			56			96	1		136			176		
17			57			97		1	137			177		
18			58			98		1	138			178		
19			59			99		1	139			179		
20			60			100		1	140			180		
21			61			101		1	141			181		
22			62			102		1	142			182		
23			63			103		1	143			183		
24			64			104		1	144			184		
25			65			105		1	145			185		
26			66			106		1	146			186		
27			67			107		1	147			187		
28			68			108		1	148			188		
29			69			109		1	149			189		
30			70			110		1	150			190		
31			71			111		1	151			191		
32			72			112	1		152			192		
33			73	1		113		1	153			193		
34			74		1	114		1	154			194		
35			75			115		1	155			195		
36			76			116		1	156			196		
37			77			117		1	157			197		
38			78			118	1		158			198		
39			79	1		119		1	159			199		
40			80			120		1	160			200		
T. Ind.			T. Ind.			T. Ind.			T. Ind.	10		T. Ind.		
T. Dep.			T. Dep.			T. Dep.			T. Dep.	45		T. Dep.		
Total			Total			Total			Total	55		Total		

51
125
72
53
+ 2
55

125
51
72
40
54